



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Back To Basic Living	Region(s):	5
Agency Type:	Res Hab	Survey Dates:	02/27/17-03/01/17
Certificate(s):	RHA-223	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
<p>301. PERSONNEL.</p> <p>01. Policies. The agency is responsible for the recruitment, hiring, training, supervision, scheduling, and payroll for its employees, subcontractors or agents. Written personnel policies must be on file and provided to employees which describe the employee's rights, responsibilities, and agency's expectations. (3-29-12)</p> <p>03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following:</p> <p>j. Verification of satisfactory completion of criminal history checks in accordance with</p>	<p>One of six employee record review lacked documentation the agency verified the employee satisfactorily completed the criminal history check in accordance with IDAPA 16.05.06 "Criminal History and Background Checks".</p> <p>For example: Employee 4's record lacked documentation the employee completed a criminal history background check per rule requirements. The employee's record was reviewed previous survey and was employee 21 the date of hire was 10/22/15, the agency has a copy of the DHW clearance from another agency dated 07/06/09 printed on 10/28/15. The agency completed a local</p>	<p>1. All employees will receive a CHC upon hire and a printed application will be notarized. Employees will be required to have, scheduled a fingerprint appointment(within 21 days) before contact with clients are made. Agency will require all employees to receive full CHC and will not except transfers or ISP reports.</p> <p>2. Quality assurance checks will be done on each employee to ensure all required documentation is present prior to shadowing and placed on the schedule. This is to ensure that all participants are protected and staff are qualified to work with them.</p> <p>3. Administrator and or designee will initial and date each file contains proper documentation to ensure the scheduler is</p>	3/2/2017



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IDAPA 16.05.06, "Criminal History and Background Checks"; and (3-20-04)	Idaho State Police Check 11/03/15, but the DHW was over 3 years, not eligible to transfer and not added to the agency's Criminal History number. This was not corrected from previous survey. (Repeat deficiency and failure to comply with agency's Plan of Correction from 09/12/16).	<i>aware that each employee may begin work with participants</i> 4. Quality assurance checks will be done on each employee to ensure all required documentation is present prior to shadowing and placed on the schedule. IN ADDITION TO THESE STEPS THE AGENCY WILL: ADAPT THE QUALITY ASSURANCE FORM TO INCLUDE A CROSS CHECK OF CHC WEB SITE TO INSURE EMPLOYEES ARE ATTACHED TO THE AGENCY ROSTER. (3-2-17) AND NOTED ON THE FILE QA FORM. THE QA FORMS WILL BE UPDATED AS NEEDED FOR ANY CHANGE MADE BY RULE OR POLICY. THE EMPLOYEE #4 HAS RECEIVED UPDATED BACKGROUND CHECK on Feb. 28 2017	
302. SERVICE PROVISION PROCEDURES. 01. Admission Procedures. The following criteria must apply to all participants receiving services from a residential habilitation agency: (3-20-04) b. The agency must obtain authorization from the Department for reimbursement for each Medicaid-covered eligible waiver service prior to providing residential	One of four participant record review lacked documentation the agency obtained authorization from the Department to provide Res Hab services. For example: Participant 1's record lacked documentation of an authorized Individual Service Plan (ISP) for 03/16-03/17. The ISP	2. During the monthly administrative meeting client progress on all goals will be discussed to ensure data based notes are being written on the status review as required by rule. We are now using the Developmental Disabilities/RHP Participant RecordsReq.pdf as the audit form	3/21/2017



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habilitation services in accordance with IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515 (3-20-04).	<p>was not requested and received until 02/27/17.</p> <p>(Repeat deficiency and failure to comply with agency's Plan of Correction from 09/12/16).</p> <p>Corrected during survey. The agency must address questions 2-4 on the Plan of Correction.</p>	<p>3. <i>The QIDP and Quality Assurance personnel as well as the Administrator will review client's files at least quarterly with audit form</i></p> <p>4. <i>By utilizing manage meetings and discussing client goals and prospective goals monthly as well as audit checks quarterly this should create consistent review and compliance with rule.</i></p>	
<p>302.SERVICE PROVISION PROCEDURES.</p> <p>02. Implementation Plan. Each participant must have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program.</p>	<p>One of four participant record review lacked documentation each participant must have an implementation plan that includes goals and objectives specific to the plan of service.</p> <p>For example: Participant 4's Individual Service Plan (ISP) had a goal for exercise but no implementation plan that corresponds with the ISP.</p> <p>(Repeat deficiency and failure to comply with agency's Plan of Correction from 09/12/16).</p>	<p>1. <i>Quarterly audits from out Quality Assurance for each participant file will be conducted</i></p> <p>2. <i>during the monthly administrative meeting client progress on all goals will be discussed to ensure data based notes are being written on the status review as required by rule. We are now using the DevelopmentalDisabilities/RHParticipant RecordsReq.pdf as the audit form</i></p> <p>3. <i>The QIDP and Quality Assurance personnel as well as the Administrator will review client's files at least quarterly with audit form</i></p> <p>4. <i>By utilizing manage meetings and discussing client goals and prospective goals</i></p>	3/24/2017



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		<i>monthly as well as audit checks quarterly this should create consistent review and compliance with rule</i>	
302. SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)	The agency lacked documentation the policy describing the program's system for handling participant medications which in compliance with the IDAPA 23.01.01 included disposal of medication. Corrected during survey. The agency must address questions 2-4 on the Plan of Correction.	2. Medical Supervisor will utilize monthly staff meetings to reinforce current medication disposal policy. Medical supervisor will conduct periodic medication checks for each participant and remind the Medication Assist Certified staff to be aware of dates on packaging to ensure all outdated or discontinued medication is returned to the pharmacy. 3. Medical Supervisor is responsible to implement and provide training on proper disposal method for the agency. 4. all employees will sign a training roster and that information will be transferred to staff file.	3/3/2017
302. SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the plan monitor. Semiannual status	One of four participant record lacked documentation the agency submitted semiannual and annual status reviews reflecting the status of behavioral objectives and services identified on the plan of service to the plan monitor.	1. All ISP created will be reviewed by QIDP and Quality Assurance or Administrator to ensure all services are being addressed before the copy is sent to the TSC 2. By reviewing all clients progress during staff meetings this will help monitor all other participants that this may affect.	3/24/2017



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)	<p>For example: Participant 4's record lacked documentation the Provider Status Review was given to the plan monitor for ISP 01/20/16-01/19/17. In addition, the QIDP has a process separate from the Provider Status Review for documenting progress/regression which was not submitted to the Plan Monitor.</p> <p>(Repeat deficiency and failure to comply with agency's Plan of Correction from 09/12/16).</p>	<p>3. The QIDP and Quality Assurance personnel as well as the Administrator are responsible to implement this action.</p> <p>4. By utilizing manage meetings and discussing client goals and prospective goals monthly as well as audit checks quarterly this should create consistent review and compliance with rule. This information will be entered on to the status review and will be emailed to the plan developer quarterly.</p>	

Agency Representative & Title: Karen Smith <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 3/21/2017
Department Representative & Title: Pam Loveland-Schmidt, Licensing & Certification <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 3/21/2017